

through December 31, 2011. Those include an extension of the exceptions process for Medicare therapy caps so that individuals who need additional services will not be forced to go without. It extends the Special Diabetes Programs, which are so important in dealing with the impacts of this terrible disease. The bill clarifies that orphan drugs are included in the 340B drug discount program for children's hospitals. It continues Medicare's Quality Individual program to help pay for Medicare Part B premiums for low-income seniors and people with disabilities and it extends Transitional Medical Assistance so low-income families don't lose critical Medicaid coverage as they move into employment.

Passage of the Medicare and Medicaid Extenders Act will make sure that the end of this year won't bring with it cutbacks in access to health care for millions of Americans. It gives us all of 2011 to make these year-long extensions permanent, and I will work hard to make sure that we use next year to do so.

Mr. WAXMAN. Mr. Speaker, I speak today in support of H.R. 4994, the "Medicare and Medicaid Extenders Act of 2010."

This legislation blocks a 25 percent fee cut that is scheduled for Medicare physician payments on January 1, 2011. A cut of that magnitude would jeopardize the access of seniors and people with disabilities to their doctors.

Likewise, military families who rely on TRICARE need this legislation, because TRICARE uses Medicare rates and would also face a huge fee cut on January 1.

The recent practice of Congress to legislate on physician payments several times per year needs to stop. Upon enactment, this will make the fifth SGR bill Congress has passed in 13 months.

I am pleased that this legislation, unlike other recent SGR bills, would address the problem for an entire year.

However, a 1-year solution is far less than the Medicare program ultimately needs. Congress must eventually confront the SGR permanently. The House has previously passed a permanent solution to the SGR problem. I hope that the next Congress is able to follow up on that work and fix this problem once and for all.

This bill also ensures the continued ability of Medicare beneficiaries to access therapy benefits to help them recover from illness. And it contains other important technical changes to maintain the smooth functioning of the Medicare and Medicaid programs.

Other provisions of this bill help low income Medicare and Medicaid beneficiaries. One provision helps low-income Medicare beneficiaries cover the cost of their Medicare Part B premiums. Another extends the transitional medical assistance program to help Medicaid beneficiaries as they work more hours and increase their earnings.

This legislation is completely paid for, and it is necessary. It passed the Senate by unanimous consent, and I hope that all Members of the House will support it as well.

One further note for purposes of interpretation. Section 204 of this bill contains a technical amendment to Section 340B of the Public Health Services Act. This language corrects an error in P.L. 111-152, the Health Care and Education Reconciliation Act of 2010, that inadvertently caused children's hospitals to lose access to orphan drugs at 340B prices. The language in Section 204 restores full access

to orphan drugs at 340B prices for these hospitals. This amendment is retroactive as if included in P.L. 111-152. The intent of this retroactivity is to clarify congressional intent that there be no discontinuity in access to orphan drugs at 340B prices for children's hospitals. To the extent that drug manufacturers have not provided these discounts at any point between the enactment of P.L. 111-152 and the enactment of this legislation, they should do so retroactively, subject to HRSA or any other compliance and enforcement authority.

Mr. CONYERS. Mr. Speaker, I rise today in support of Senate amendments to H.R. 4994, the Medicare and Medicaid Extenders Act.

One of the most important priorities of Congress, regardless of our current economic downturn, is the financial well-being of our nation's hospitals, and the ability of patients to have access to medically necessary care when they need it.

Passage of the Senate amendments to H.R. 4994 accomplishes both goals by blocking a scheduled 25 percent cut in Medicare payments to doctors and extending current Medicare payment rates through December 31, 2011. Passage of the bill today by the House will send this legislation to the President's desk for his signature.

In order to have world class hospitals in the United States, we must have the needed funding to ensure that our nation's hospitals can provide the highest quality care possible. Passage of the Senate amendments to H.R. 4994 will help strengthen our hospitals, especially those located in our inner cities and rural areas. These hospitals are experiencing serious funding shortages, and are at risk of losing much needed doctors and medical staff.

This bill is fully paid for, and according to CBO, the bill would reduce the deficit by \$2.8 billion over the next 10 years. This legislation also helps to protect access to doctors for Medicare beneficiaries and military families, given that payment rates for doctors in TRICARE, the health care program for active-duty servicemembers, National Guard and Reserve members, military retirees, and their families are tied to Medicare rates. Passage of the Senate amendments to H.R. 4994 is a good example of how Members of Congress working together in a spirit of bipartisan unity can improve the health and well being of all Americans.

I do want to raise some concerns with the way this bill is going to be paid for, which is to decrease the affordability credits for Americans that are needed to defray the costs of purchasing private insurance under the soon to be established health exchanges in 2014. I believe that this is tantamount "to robbing Peter to pay Paul." This Congress should not get into the habit of viewing future benefits for low-income Americans as a source of funding for today's legislative initiatives. There are other more fair minded and progressive offsets which could have been utilized for this payment fix—such as taxing Wall Street or our nation's billionaires.

If we are going to make sure that Medicare doctors and hospitals are reimbursed at an appropriate rate over the next several years, we are going to have to be more serious and pragmatic about how to implement efficiencies in the Medicare program.

Medicare is a highly successful and efficient program, but it can't keep feeding the "corporate medical monster" forever. The time has

come for the Federal Government to rein in the costs of for-profit hospital care by taking a more serious look at how we can reduce the costs of prescription drugs and medical technology—two of the most costly expenditures for hospitals and doctors.

Furthermore, we must pass H.R. 676, "The U.S. National Health Care Act," so that all Americans can enjoy the benefits of a universal single payer system, which has successfully worked in every major industrialized country to contain the rising costs of health care and provide quality health care for all. If we created this system, then we would be able to pay our nation's physicians at optimal levels and provide America's hospitals and clinics with a more financially stable, predictable, and efficient health care payment system for years to come.

In the meantime, today's physician payment bill will allow today's Medicare beneficiaries to enjoy the care they have earned. I urge my colleagues to support the bill.

Mr. PALLONE. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. STARK) that the House suspend the rules and concur in the Senate amendments to the bill, H.R. 4994.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. HERGER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 10 o'clock and 41 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1245

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. ALTMIRE) at 12 o'clock and 45 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

Motion to concur in Senate amendments to H.R. 4994, by the yeas and nays;

H.R. 6412, de novo.

The first electronic vote will be conducted as a 15-minute vote. The second